



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296, Fax (502) 696-5849 ~ <http://mft.ky.gov>

CONTINUING EDUCATION PROGRAM PROVIDER APPROVAL APPLICATION

PURSUANT TO 201 KAR 32:030, Section 7.

- (1) There shall be a nonrefundable fee of \$50 dollars per day for six (6) continuing education workshops or less offered a single time.
- (2) There shall be a nonrefundable fee of \$125 dollars per day for seven (7) or more continuing education workshops offered a single time.
- (3) There shall be a nonrefundable fee of \$250 dollars for a single continuing education workshop offered unlimited times in a calendar year, January 1 to December 31.

Please note that approval expires at the end of the calendar year.

CONTACT INFORMATION

Provider	Name of Primary Contact		
Street Address	City	State	Zip Code
Phone Number	Email address		

PROGRAM INFORMATION

Program Title: _____

of CE Hours being requested: _____

Program Site: _____

Program Date: _____

Method of Presentation: _____

Please Attach Documentation of the Following to This Application:

Published Course or seminar description:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complete resume' of each instructor(s):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the program indicating hours of education:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Timed agenda including coffee and lunch breaks listed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of evaluation tool to be used:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Official certificate from the provider:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The official certificate must include the following statement:
"KY LMFT Board granted approval for this program on ____ (date.)"

Programs requiring board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

Applicant's Signature _____ Date _____

September 2016